



# SHIP Quarterly Webinar

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September 2017

# 2016-2017 Milestones

**Hospitals will be reimbursed in three payments upon completion of each milestone.**

- Milestone 1:** Submission and approval of mid-year SHIP expense and activity report, due January 30, 2017. **Payment amount: \$1,056.00**
- Milestone 2:** Four quarters of MBQIP outpatient data and four quarters Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) for the 2016 calendar year reported to CMS QIO Clinical Data Warehouse. Monthly data on Emergency Department Transfer Communication (EDTC) from September 2016. **Payment amount: \$6,000.00**
- Milestone 3:** Submission and approval of end-of-year SHIP expense and activity report, due June 30, 2017. **Payment amount: \$1,056.00**



# SHIP 101

## **ELIGIBILITY REQUIREMENTS**

- Facilities must be small hospitals are non-federal, short-term general acute care facilities and located in a rural areas.
  - “small hospital” is defined as 49 available beds or less, as reported on the hospital’s most recently filed Medicare Cost Report, Line 14
  - “rural” is defined as either located outside of a Metropolitan Statistical Area (MSA) or located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs).

### **PPS Hospitals**

Hospitals that are not designated a Critical Access Hospital will be asked to submit Part I of Worksheet S-3 from the most recently filed Medicare Cost Report.



# 2017-2018 SHIP Agreement

- Contracts will be sent to CEOs and SHIP Contacts
- Your hospital must respond back by printing, signing and returning the agreement.



# 2017-2018 SHIP Agreements

- FY 17 grant period is June 1, 2017 to May 31, 2018
- Hospitals will receive \$8,032
- Funds must be spent on qualifying purchases during grant period.



# 2017-2018 SHIP Agreements

- Kansas CAHs must actively participate in the Medicare Beneficiary Quality Improvement Project [MBQIP] to qualify for full funding
  - OP 1, 2, 3, 4, 5, 18, 20, 21, 22, 27
  - IMM-2
  - HCAHPS
  - ED Transfer Communication



**Medicare Beneficiary Quality Improvement Project (MBQIP)**  
**Hospital Data Submission Deadlines**  
**Reporting Quarters Applicable to SHIP 2017-2018 Grants**

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period			
			Q4 / 2016 Oct 1 - Dec 31	Q1 / 2017 Jan 1 - Mar 31	Q2 / 2017 Apr 1 - Jun 30	Q3 / 2017 Jul 1 - Sep 30
Population & Sampling	Population & Sampling Submission (inpatient and outpatient)	QualityNet via Secure Log In	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-1	Median time to fibrinolysis	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-2	Fibrinolytic therapy received within 30 minutes	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-3	Median time to transfer to another facility for acute coronary intervention	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-4	Aspirin at Arrival	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-5	Median time to ECG	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-18	Median time from ED Arrival to ED Departure for Discharged ED Patients	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-20	Door to diagnostic evaluation by a qualified medical professional	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-21	Median time to pain management for long bone fracture	QualityNet via Outpatient CART/Vendor	May 1, 2017	August 1, 2017	November 1, 2017	February 1, 2018
OP-22	Patient left without being seen	QualityNet via Secure Log In	May 15, 2018 (Aggregate based on full calendar year 2017)			
OP-27	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network	May 15, 2018 (Aggregate based on Q4 2017/Q1 2018)			
IMM-2*	Immunization for influenza	QualityNet via Inpatient CART/Vendor	May 15, 2017	August 15, 2017	November 15, 2017	February 15, 2018
EDTC	Emergency Department Transfer Communication	Qhi	Submit each month by the end of the following month			
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	QualityNet via Vendor	April 15, 2017	July 5, 2017	October 4, 2017	January 3, 2018

\*Although the denominator for IMM-2 is limited to inpatient discharges during October through March (Q4 and Q1), data submission is also expected for Q2 and Q3.

# 2017-2018 Funding Priorities

The Federal Office of Rural Health Policy has identified the following two priorities for using SHIP funds.

- ICD-10 Implementation
- HCAHPS

**Once these priorities have been met, your Hospital may select other activities listed on the SHIP Purchasing Menu.**



# 2017-2018 SHIP Purchasing Menu

Quality reporting data collection/related training

HCAHPS data collection process/related training

Provider-Based Clinic Quality Measures Education

Computerized provider order entry implementation and/or training

Alternative Payment Model and Merit-Based Incentive Payment training/education

Pharmacy services implementation

Disease registry training and/or software/hardware

Systems performance training

Mobile health equipment installation/use

Community paramedicine training and/or equipment installation/use

Health Information Technology Training for Value and ACOs

ICD-10 software/training

S-10 Cost Reporting training/project

Pricing Transparency Training

Efficiency or quality improvement training/project  
(Lean/Six Sigma, ER Efficiencies, Patient Satisfaction, Financial Operations, Non-Clinical Operations, Clinical Care Delivery, Board Organization/Operation)



# 2017-2018 Milestones

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- Milestone 1:** Submission and approval of mid-year SHIP expense and activity report, due January 5, 2018. **Payment amount: \$1,016.00**
- Milestone 2:** Four quarters of MBQIP outpatient data and two quarters Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) reported to CMS QIO Clinical Data Warehouse. **Payment amount: \$6,000.00**
- Milestone 3:** Submission and approval of end-of-year SHIP expense and activity report, due June 30, 2018. **Payment amount: \$1,016.00**



# MBQIP

Medicare Beneficiary Quality Improvement Project = MBQIP

MBQIP was created by Federal Office of Rural Health Policy to help rural and Critical Access Hospitals prepare for value-based payments.

# Medicare Beneficiary Quality Improvement Project (MBQIP)

CMS Clinical  
Data  
Warehouse  
(QualityNet)

CDC National  
Healthcare  
Safety  
Network  
(NHSN)

Quality  
Health  
Indicators  
(QHi)

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# MBQIP is a “Safe Zone”



- Provides rural and critical access hospitals the opportunity to build internal capacity
- Helps the Federal Office prioritize funding resources and tell “rural/critical access hospital” story to policy and decision makers



# One CAHs Quality Journey

**HODGEMAN COUNTY  
HEALTH CENTER**



- 13 Bed CAH serving Hodgeman County and the surrounding areas
- 25 bed Long Term Care Facility
- 2 Rural Health Clinics located in Jetmore and Spearville, Kansas



# One CAHs Quality Journey



## Sidni Durler

- ❖ HIM Billing Manager
  - ❖ RHIT Certified
  - ❖ Privacy Officer
  - ❖ Compliance Officer
- ❖ Employed at HCHC for 7 years

# One CAHs Quality Journey



## Tanda Nash

- ❖ QA Manager
- ❖ Discharge Planner
- ❖ UR Coordinator
- ❖ Emergency Preparedness Manager
- ❖ Employed at HCHC for 1.5 years

# One CAHs Quality Journey

## OLD WORKFLOW

- ❖ QA Manager/Employee Health/Infection Control employee was the one to enter **ALL** quality reporting data

## WORKFLOW NEGOTIATIONS

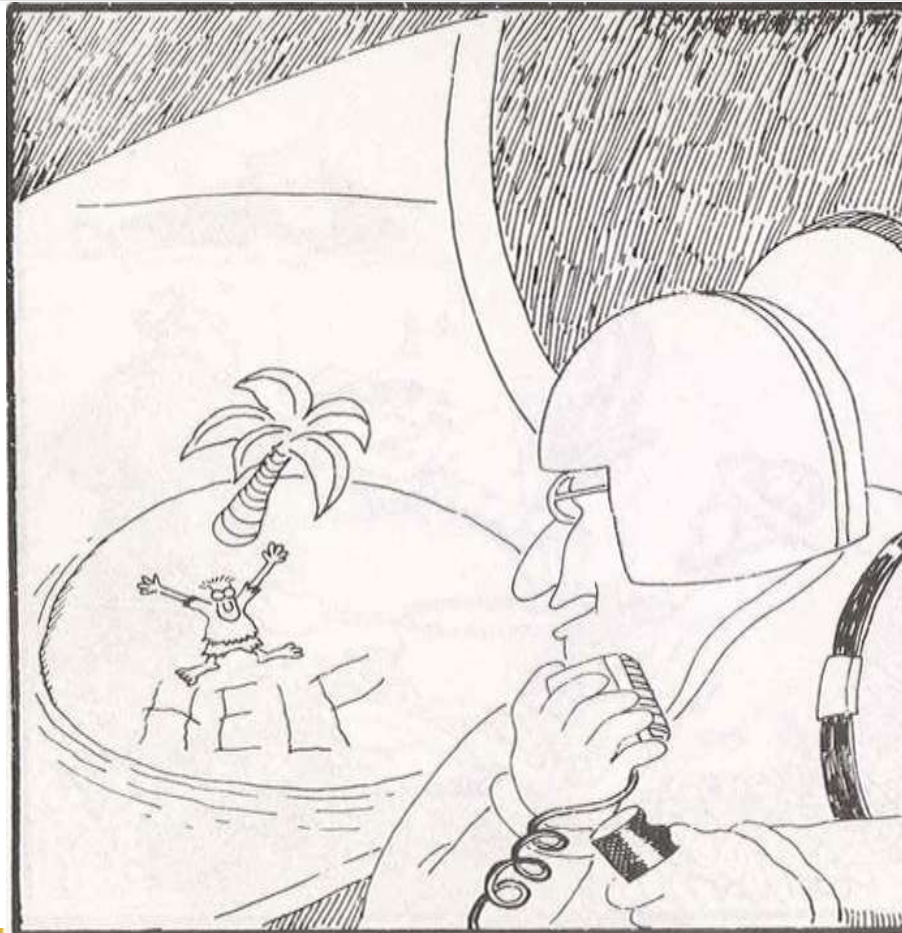
- ❖ HIM gave UR to Risk Manager/SSB Coordinator
- ❖ RM/SSB Coordinator gave D/C calls to QA Coordinator
- ❖ HIM Staff took over CART abstraction for ED Thru-Put

# One CAHs Quality Journey

## **EMPLOYEE TURNOVER**

- ❖ 6 month lapse without facility QA Coordinator
- ❖ HIM Still abstracting CART data
- ❖ New QA hired (no clinical background)

# One CAHs Quality Journey



"Wait! Wait! . . . Cancel that, I guess it says 'helf.'"

# One CAHs Quality Journey

## **MISCOMMUNICATION**

- ❖ While HIM continued to abstract ER Data, we were not aware of the submission process as it was previously being entered by someone no longer at the facility
- ❖ Temporary QA Manager was not submitting any other cases for over 6 months
- ❖ New QA & HIM Manager attended quality reporting training

# One CAHs Quality Journey



# One CAHs Quality Journey

## **NEW WORKFLOW**

- ❖ QA submits EDTC & HCAHPS data, completes discharge calls and Utilization Review
  - ❖ Lab submits data via NHSN
- ❖ HIM submits all other data measures for MBQIP to Quality Net and Qhi

# One CAHs Quality Journey



# ListServ Update

- SHIP – general updates/announcements
  - We enrolled all primary contacts
  - SHIP (ship@krhop.net)
- Quality – questions/networking
  - You must join
  - Quality Reporting (quality@krhop.net)



# New Website

# www.krhop.net

Home SHIP Quality Reporting Current Projects History Networks CAH Requirements Questions?

## KRHOP

Kansas Rural Hospitals Optimizing Performance



KRHOP is a partnership between the Kansas Department of Health and Environment, Bureau of Community Health Systems and the Kansas Hospital Education and Research Foundation (the foundation of the Kansas Hospital Association). KRHOP offers technical support, information, networking opportunities, funding and other resources to Critical Access Hospitals and other rural providers. KRHOP demonstrates the power of coordinated efforts by public and private sectors at the state, regional and local levels. Funding for the KRHOP initiatives is provided by the Medicare Rural Hospital Flexibility Program (FLEX) grant awarded to the Kansas Department of Health and Environment from the Federal Office of Rural Health Policy, Health Resources and Services Administration. ([overview](#))

### Facts at a Glance

			
85	420000	5	95
Number Of CAHs	Emergency Room Visits In Kansas Rural Hospitals	Direct Total Income From Kansas Hospitals (In Billions)	Percent Of Hospitals Actively Reporting Quality Data

# OP-18 & OP-20

ED Throughput:

ALL Hospitals can sample!

- >901 ED patients per quarter
  - 32 cases per month or 96 cases per quarter
- 0 - 900 ED patients per quarter
  - 21 cases per month or 63 cases per quarter

(Spec Manual: Population and Sampling Section. Table 3: Sample Size Requirements per Quarter per Hospital for OP-18 and OP-20)



# OP-22

Patient left without being seen:

- What was the total number of patients who left without being evaluated by a physician/APN/PA?  
\_\_\_\_\_ (numerator)
- What was the total number of patients who presented to the ED? \_\_\_\_\_ (denominator)

Available in QHi as a monthly entry then you can print an annual report.

Opens toward the end of March – submission deadline is May 15, 2018 for 2017 data



# OP-27

Influenza vaccination coverage among health care personnel:

Must be entered in National Healthcare Safety Network (NHSN)

If you need an account – you must contact Nadyne Hagmeier at KFMC for assistance NOW  
[nhagmeier@kfmc.org](mailto:nhagmeier@kfmc.org)

Open now – submission deadline is May 15, 2018



# Case Status Summary Report

- Reports (logged in as a user)

Case Status Summary Report – tells you the number of cases submitted to the warehouse and how many were accepted and/or rejected.

Here are the steps to run that report:

1. Look for “My Reports” and from the drop-down menu select “Run Reports”
2. Select “Run Reports” from the “I’d Like To...” list
3. Select “OQR” or “IQR” from the “Report Program” drop-down menu
4. Select “Hospital Reporting – Feedback Reports” from the list in the “Report Category” drop-down menu
5. Select “View Reports” to display a list of report names
6. Select “Hospital Reporting – Case Status Summary Report” under “Report Name”
7. Select the quarter and measure sets for the data you submitted
8. Select “Run Reports” at the bottom of the screen

# Population and Sampling

FORHP continues to work with CMS regarding the issues with entry of outpatient population and sampling data via the QualityNet Secure portal. Additional information and guidance on submission of population and sampling data for next quarter will be shared once details are available.



# Abstraction Training Video Series

## MBQIP Data Abstraction Training Series

- Locating CMS Specifications Manuals (13-minute video)
- Locating CART (CMS Abstraction Reporting Tool) (9-minute video)
- Outpatient AMI Measures (OP1 - OP5) (23-minute video)
- Outpatient Chest Pain Measures (OP4 - OP5) (20-minute video)
- ED Throughput Measures (OP18, OP20, OP22) (19-minute video)
- Outpatient Pain Management Measure (OP21) (12-minute video)
- Inpatient Influenza Vaccination Measure (IMM-2) (18-minute video)



# HCAHPS Warehouse Provider Survey Status Summary Report

- Reports (logged in as a user)

HCAHPS Warehouse Provider Survey Status Summary Report – gives a summary of HCAHPS Warehouse Submission Status per discharge month. (Number of admin and survey data accepted)

Here are the steps to run that report:

1. Look for “My Reports” and from the drop-down menu select “Run Reports”
2. Select “Run Reports” from the “I’d Like To...” list
3. Select “IQR” from the “Report Program” drop-down menu
4. Select “HCAHPS – Feedback Reports” from the list in the “Report Category” drop-down menu
5. Select “View Reports” to display a list of report names
6. Select “HCAHPS Warehouse Provider Survey Status Summary Report” under “Report Name”
7. Select the discharge start date and the discharge end date for the quarter needed
8. Select “Run Reports” at the bottom of the screen



# EDTC

## Emergency Department Transfer Communication (EDTC)

- Data is due the month following in Qhi
  - August 2017 data due by September 30, 2017
- May 2017 to April 2018 all due by May 31, 2018 for SHIP Grant year end payments

# Patient and Family Engagement (PFE)

Metric 1 – Preadmission Checklist

Metric 2 – Bedside Shift Change Report

Metric 3 – Designated Person Responsible for PFE

Metric 4 – Having a PFAC (Patient and Family Advisory Counsel) or Patient/Family Represented on a Quality or Safety Committee

Metric 5 – Having Patient/Family Represented on the Hospital Board

# Upcoming Projects

- LEAN Learning Community Kick Off (Oct 4, Wichita)
- EDTC/Abstraction One-Day Seminar (Oct 24, Salina)
- ED Efficiencies Training
  - Nov 29, Hays
  - Nov 30, Wichita
- 2017 SHIP Informational Webinar (Dec 20)
- PS/PFE Learning Community (Spring 2018)
- Site Visits
  - Working on method to offer one on one assistance to those most in need



# Funding Acknowledgement

This project was funded by the Kansas Office of Rural Health in fulfillment of grant expectations for the Kansas Small Rural Hospital Improvement Program. The SHIP grant was awarded to the Kansas Department of Health and Environment (Grant No. H3HRH00019) from the Federal Office of Rural Health Policy, Health Resources and Services Administration.

